

# Kevin James Sports Academy LLC



## 2011 Summer Baseball Programs

Improve your batting, fielding & catching

**Where: Fair Haven Fields**

	Date	Time	Entering Grade
<b>Session #1</b>	<b>June 20- 23</b>	<b>9-12</b>	<b>K-4</b>
<b>Session #2</b>	<b>June 20-23</b>	<b>1-4</b>	<b>5-9 Advanced</b>
<b>Session #3</b>	<b>June 27- June 30</b>	<b>9-12</b>	<b>K-4</b>
<b>Session #4</b>	<b>June 27- June 30</b>	<b>1-4</b>	<b>5-9 Advanced</b>
<b>Session #5</b>	<b>July 5-8* (Tues-Friday)</b>	<b>9-12</b>	<b>K-4</b>

**In case of rain, camp will be moved to Friday**

**Coach/Student Ratio – 1:5**

**COST: \$145.00**

**(Discounts: 10% 2<sup>nd</sup> sibling or 10% off 2<sup>nd</sup> session if you sign up for 2 or more)**

**Please make checks payable to:**

**Kevin James**

**13 Palomino Place**

**Tinton Falls, NJ 07701**

**Any questions - call Kevin James' cell @ 201-788-6279, email**

**[kevinjamesports@aol.com](mailto:kevinjamesports@aol.com) or visit [www.kevinjamesports.com](http://www.kevinjamesports.com)**

---

Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Session Number (s) \_\_\_\_\_

Parent/Guardian Acknowledgement

I verify that my child has checked by a licensed physician prior to attending baseball camp. I allow the camp director to act on my child's behalf and to obtain medical care if required. I understand and assume all risks resulting from participating in training sessions and hold harmless Kevin James Sports Academy LLC of any liability.

---

Parent/Guardian Signature

Date